

Health Care Worker

CONSENT FOR HIV/HBV/HCV TESTING

- • I hereby consent to have the HIV ____, HBV ____, HCV ____ test performed upon:

(print name)

- • I understand the test for HIV is not a diagnostic test for AIDS
- • I have been advised of the implications of the test and have been given the opportunity to ask questions.
- • I understand that _____ (facility) will maintain confidentiality of the test results, medical records and reportable information as provided for in accordance with SCDDSN policy.

Signature

Social Security #

Date

Witness

Date